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**** CONTINUING DATA ******* None *****

**** FOREIGN APPLICATIONS ******* None *****

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance SA	STATE OR COUNTRY PA	SHEETS DRAWINGS 18	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
Verified and /SANA A AL HASHEMI/ Examiner's Signature		Initials				

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TITLE
 COMPONENT BASED INFORMATION LINKING DURING CLAIM PROCESSING

FILING FEE RECEIVED 908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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